

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.:

FILING DATE

APPLICANT(S)

10824688

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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27		26				
28		26				
29		26				
30		26 + 26				
31		26				
32		26				
33		26				
34		26				
35		26				
36		26				
37		26				
38		26				
39		26				
40		26				
41		26				
42		26				
43	1					
44	1					
45		1				
46						
47						
48						
49						
50						
TOTAL IND. TOTAL DEP. TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. TOTAL DEP. TOTAL CLAIMS						